

COURSE

OF

LECTURES

UPON

MIDWIFERY,

WHEREIN

The THEORY and PRACTICE of that ART  
are explain'd in the Clearest Manner.

MORE PARTICULARLY,

The Structure of the *Pelvis* and *Uterus*.

Of the *Fœtus* in *Utero*, and after Parturition.

The Management of Child-bearing Women, during  
Pregnancy, in Time of Labour, and after Delivery.

The Manner of Delivering Women, in all the Variety of  
natural, difficult, and preternatural Labours, perform'd  
on different Machines made in Imitation of real Wo-  
men and Children.

By M<sup>r</sup>. S M E L L I E.

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Printed in the YEAR MDCCXLII.

396

July 24 1743  
my Lectures  
and Labours

## CONDITIONS.

W. Smellie

**T**HAT MIDWIFERY may be taught to the best Advantage, and become of more general Use to People of all Degrees, the following Conditions are proposed to those who desire to learn, or be farther instructed in the Knowledge of that Art.

I. The Course is divided into Twelve Lectures, and no more than four Persons can attend at once, each paying Two Guineas at the First Lecture.

II. They who come on purpose from the Country, and cannot wait 'till the Number of Subscribers is complete, pay Three Guineas.

III. The Expence of being present at a real Labour, is One Guinea; but such as contract for Two Courses and Four Labours, pay only Five Guineas, and perform the last Delivery themselves.

IV. Pupils who engage for a Year pay Fifteen Guineas, and are intitled to attend all the Courses and Labours of that Time, whereby they will have the Opportunity of Seeing and Performing in several difficult Cases.

V. By paying Twenty Guineas they are admitted to this Course, with all the forementioned Advantages, for Two Years.

N. B. The Men and Women are taught at different Hours.

H E A D S

400096



De Graaf

Morganius 1717

Malpighius

Ruyssch

Simpson

Mauriceau

Dionis

Lemotus

Chamberlen

Dewenter

Giffard

Chapman

Mowbury

Breckin

Dawkes

Ould

Jo<sup>ns</sup> Schenckii

Hiermanni Fabricii obaguo Pennate

Nich. Fulpius

Lauri: Huiter 1739

Hermanus Boerhaave

A. Corn: Celsus





July 21 1743 Recd. of Mr Pearson in full for attending

H E A D S  
my Lectures and Labours of me W<sup>m</sup> Smellie  
Of the several

# LECTURES

Contain'd in this COURSE.

## LECTURE I.



Of the several Authors that have written on MIDWIFERY; and the different Improvements that have been made in it from time to time.

A Description of the Bones of the *Pelvis*, viz. the *Os sacrum*, *Coccyx*, *Ossa inominata* divided into three Bones, *Ilium*, *Ischium* and *Pubis*; the Connexion of the Bones, and Form of the *Pelvis*.

The Shape, Dimensions, and Situation of these Bones, demonstrated by proper Machines.

Of a distorted *Pelvis*, with several useful Remarks.

The Difference betwixt a Male and Female Skeleton.

## LECTURE II.

By wet and dry Preparations, and other artificial Contrivances, plac'd in different Machines, are shewn the following Parts.

The *Vagina*, with its Connexion to the *Uterus*, and outward Parts.

The *Meatus Urinarius*, and Bladder.

The *Anus*, *Rectum*, and Situation of the Intestines and other *Viscera* in the *Abdomen*.

The Situation, Bulk, and Form of the *Uterus*, before and at different Times of Pregnancy.

The *Os Tincæ*, Neck, internal Orifice of the Neck, and *Fundus Uteri*.

The *Fallopian Tubes*, *Ovaria*, the broad and round Ligaments, their different Connexions to the Womb, amongst themselves, and to the neighbouring Parts.

The Increase of the *Ovum*, and *Fundus Uteri*, after Conception.

The gradual Opening of the Orifice, and the Stretching of the Neck of the Womb.

The Bigness, Weight, and Names of the *Ovum* and Child, at different Periods of *uterine* Gestation.

Of Abortions, *Molas*, and false Conceptions.

Of the *Placenta*, *Funis Umbilicalis*, the *Chorion* and *Amnios*, their Connection, Structure, and Use.

## LECTURE III.

The Method of Touching before and after Pregnancy, both on the Machines, and Women, at their different Times of being with Child.

The Touching in time of Labour, the gradual Opening of the *Os Tincæ*, the Forming of the Membranes and Waters.

The



The Lectures of Mr W. <sup>9th</sup> <sup>ms</sup> Smallie as Regius  
in from of Syllabus June 26 1747

These Bones of Pelvis are divided into Os Sacrum,  
Coccygis, and Innomiatum w<sup>ch</sup> last in a fetus  
are divided into 3 more Illium Ischium, and  
Pubis, Some say these Bones separate a little  
in times of Labour, but I have try'd to feel of  
apertures in vein so am inclin'd to think to the  
contrary. —

of a Pubis are joined by a Ligament.

Why Woman sits in a declining Posture of mouth of Pelvis from of Abdomen is horizontal, that a declining posture is best w<sup>h</sup> Child is not in Pelvis

As to Position his betwixt of French and London  
cut is as you Cut for Stone (w<sup>ch</sup> posture is the best  
to be sure w<sup>th</sup> Child wants turning or you use an  
Instrument;) 2<sup>d</sup> is to be laid on of left Side w<sup>th</sup> Per Week



Pos: you In Germany they have a Semicircular seat  
Sometimes let them walk as our own

Size of y  
Pelvis -

It sh<sup>d</sup> be of an oval like form from Illium  
to Illium, at y<sup>e</sup> Brim of y<sup>e</sup> Pelvis it sh<sup>d</sup>  
be 5 Inch: 2. from Pubis to y<sup>e</sup> Spine it sh<sup>d</sup> be 4 1/2  
crop. 5 I. deep behind. and 2 I. down y<sup>e</sup> Inside  
of y<sup>e</sup> Pubis. ~~however~~ Distorted Pelvis only  
2 I. 2 to y<sup>e</sup> Sacrum ~~that~~ Pubis is: never could be  
delivered of a live Child.

Lect: 2<sup>nd</sup> June 10<sup>th</sup> 1743. —

He showed us by a Natural Uterus and w<sup>th</sup> all  
its parts its Structure w<sup>ch</sup> he kept in sp<sup>ch</sup>  
w<sup>ch</sup> had two Sketom above swelling at its fundus

3 months  
Indur size

Size of y<sup>e</sup> Size of a Goose Egg.

no Indur<sup>tion</sup>  
by touching  
till 5<sup>th</sup> mo.

No Indur<sup>tion</sup> whether all: by w<sup>th</sup> Child or not  
before 5 months and for y<sup>e</sup> Child is not large enough  
to distend y<sup>e</sup> Uterus above y<sup>e</sup> Pubis nor is y<sup>e</sup>  
internal orifice of y<sup>e</sup> Womb dilated sufficiently. —

The Womb may keep its thickness till very nigh  
y<sup>e</sup> last because y<sup>e</sup> number of y<sup>e</sup> Contorted vessels  
that are distended by a Superabundance of Humours

Size of y<sup>e</sup> Ovary  
w<sup>th</sup> it drops  
down

Size of y<sup>e</sup> Size of a Mustard Seed w<sup>th</sup> it drops from  
y<sup>e</sup> Ovary to y<sup>e</sup> Fundus Uteri. —

W. & Fetus

Is called an Embryo till it is 3 months and  
a Fetus after that. —

Sup. of Feta-  
tion

No Superfotation because of Mucus that  
naturally flows after Conception closes up the  
neck of the Womb and hinders the Injection of Semen

Conception

W. of Semen is injected into the Fundus Uteri & conveyed  
to the Ovary by the Fallopian Tube and there it  
impregnates the Woman's Ovary which are always in  
young W. but for want of being impregnated  
by the male they fall off and so dissolve away

Compare  
to the  
Egg

as for instance of Dulcis Egg which has two as  
very early of Chick will never receive any vis vitæ  
if Yolk is of Albumen and if White is of Nutrition  
so by the Warmth that it then gives in hatching the  
vis vitæ of Moisture which that is exhausted and so of Chick

its receiving  
vis vitæ

cries and it then picks up the shell open &c. —

But after the Egg from the Ovary is settled in the Fundus  
Uteri it causes an adhesion and so fixes there.  
Some say this occurs after the impregnation 19 days  
it receives the Vis Vitæ. —

No Mole

No Mole or false Conceptions as thought by  
Ancients for it is in the Womb must be nourished  
they are only Coagulated Blood or Molestation  
Trillings &c. or Enlarged Glands which may  
Drop off. —



The Ovaries  
of the Ovary The Ovary at 1<sup>st</sup> weighs 2<sup>oz</sup> at 4 days and 1<sup>1/2</sup>  
at 30 days 9:22 at 3 months 30 g<sup>m</sup> 1812 -  
By these Papers Annals shows of gradual  
opening of the Ovaries and of stretching of  
of uterus and internal orifice of the neck of  
of womb at 1-3-5-9 months and -  
The Ovary in 1<sup>st</sup> month appears all over vascular  
except at 1<sup>st</sup> orifice where tis. little membranous

### Lect: 3<sup>rd</sup>

Touching At 5 months and you'll find of judgment by  
Belly protruding and not yield by pressure to  
of Back. The Child struggles at 4<sup>th</sup> month.  
Sometimes at time of Delivery by pressure of the Ovaries is turned to  
at 7 months and fright You'll feel it hard w. at that time he suppresses  
turn fright, if he is not w. the head down. The  
of Funis has got twisted round of head or neck and  
then the babe you'll feel of Brachy.

W. sent for  
to a W. n.

Shewes is

of Colic or

of true  
pains

Touch of the Ovaries and if not dilated and you  
don't find of the Ovaries w. are bloody ask whether the  
has not had of Colic or a Cough of Pains may be felt  
If it pursues of Colic and is a Colic give a Pectoral  
w. will do great service to help Delivery  
Tis true if of membranes and Waters approach  
and of the Ovaries gradually dilate the Cervix



to break & membranes unless sufficient Dilatation. —

False  
Pains

If Pains be false give an opiate and  
Bleed if Plethora &c.

Vomiting  
and  
Bleeding

If vomiting happen Bleed with? before  
after Conception a Plethora proceeds from a  
too great distention of the Vessels or effect of  
Stomach from Convent of parts

Dribbling  
of Water

Sometimes Dribbling of Waters happen w:  
Pain of Delivery is occasioned by a Rigidity and  
weakness in order to opiate give an Opiate  
pretty strong w:  
give strength against if next pains come on  
and hinder Dribbling, if these if sleep will  
continue 6 or 8 hours. —

Lingering  
Labour  
presented

Sometimes if the Cervix is very largely Dilated  
and you'll think it's not wanted you turn round  
your finger as Mr Smellie was once said  
Surprises sometimes bring on too sudden Labour

Surprises

membranes  
tearing

Sometimes they break and no signs of Delivery  
as if W. Mr. St. Giles has broken abt. 2 in of morning  
and was not Delivered till 8 in of some morning  
w<sup>at</sup> 2 before we gave her a L: of 30

Caution <sup>it</sup> not to touch w<sup>th</sup> of Hair is on lest you burst  
of membranes unless it os Time be Dilated.

2<sup>nd</sup> enough. —  
When you break let it before again

Lect: 4<sup>th</sup>

Situation in of Uterus is different if tis right  
tis w<sup>th</sup> its face to of os Sacrum or Ovary —  
But you are to judge according to the Posture

Situs by of  
Touching

If the Head presents you'll feel of Sutures as for  
instance if right w<sup>th</sup> its face downwards you'll feel  
of Sagittal Suture cross of Coronal down and make  
of Frontal, but if its face up you'll feel of  
Sagittal Suture make no Cop over of  
Lambdoid etc.

Breast  
presenting

you'll touch of Buttocks hard on each Side <sup>if Perinaeum</sup>  
of Anus and of other way of private parts. —

Shoulders

you'll find a hollow betwixt of Scapula and  
further of Arm Pits and Spine. —

If there is os osom tis either betwixt of Legs  
or betwixt Buttocks. or Shoulders. or Spine or  
Sutures



Hands  
from  
feet

Hands differ from feet by 4 Aruls

Arms  
from  
Elbows

by 4 Aruron and its Sharpness from 4  
Smoothness of 4 Aruls.

Lect: 5<sup>th</sup>

Labour  
pains how  
are brought  
on

Some W. think <sup>pains</sup> ~~they~~ are to be brought on in  
his own Interest to tell in so at some time give  
some Cordial to put off time till you have this  
Strength returns then Nature and not you will  
bring on ~~the pains~~

at every  
throw

Apist (w<sup>th</sup> anointing of parts always) w<sup>th</sup> your  
fingers to Dilate of Dices off of 4 Aruls &  
every throw just before it begins

Medicine  
or Cordial

of Sal: ool: ol: and all Stimuli as Snuff, etc.  
Volatiles, sprts. Troch: de myrrh: Cast: Coc: Histria  
Cordials warming things but on 4 Contrary if the be  
feverish and hot no Stimuli but Diluters.

Placenta  
Delivered  
New thing  
long  
out

after 4 Child is brought away you are to feel  
for 4 Placenta only Cut it string abt 2 Inch from  
4 Child and lay it on one side and give it to 4  
nurse then lay 4 Funis round 4 Child's leg.



off y<sup>e</sup> left hand and follow gently w<sup>th</sup> y<sup>e</sup> right hand and drew it away. —

Monte  
& Hering

It's. Follow up w<sup>th</sup> y<sup>r</sup> right hand and  
loosen round w<sup>th</sup> y<sup>r</sup> fingers till you geth<sup>r</sup>  
all into y<sup>r</sup> hands — and leave some  
least a violent flooring. — but if some  
be left and no violent flooring let some  
of it stay if extraction be painfull.  
it will Digest away. —

it will digest away. —  
If internal Orifice of uterus be  
contracted you are to open it if solid  
flooding &c. — applying w<sup>th</sup> hand  
on of Belly to prep down uterus that it  
may not fly <sup>from</sup> you. —

may not fly, you  
managem. of Cash before delivery gives W. that. Since in O. Am. 1831.  
we were of old.

all Cakes very warm beware of  
after Delivery Rise up & Abdomen for some reason  
as in Dropsy

Flooding. as in *Dr. 1004*  
*Dr. 1004* Delivery his violent end nothing  
 left in it Utens give *Dr. 1004* rape Plum:  
 rap: song: *Dr. 1004*: pe: he is. Die  
 + *Dr. 1004*

ruf: Tong: - Proton: pl: ac: 11 2  
 r/ Tot: Fresh: Full: V: S: pro r: nota Clisby  
 be carefull of lest a troublesome Diarrhea follow  
 some Apply to of Belly to recover it tone 2mpl: Gall:

Lochia It is highly necessary to have regard to  
whether continues abt 10 Days; if bloody then serious  
then gradually whitish. —

modu  
absor. Gives an Epistemo and ease from motion.  
absor. Also gives Alexipharmics as Sydonthem  
Direct: i.e. Klap: contray: sal: sucin: vol:  
or: if hot Dilutes plentifully according  
as nature requires stronger or smaller. —  
V.S. pro re nata

totally  
absor. Then if we are on Inflammation be apprehended  
Dues occasionally and endeavour to sweat by it  
above w<sup>th</sup> Diluters w<sup>th</sup> both seldom fail if not then  
Dill: makh: repeated occasionally very hour or 2. Laud:  
and Drow 9 Breasts. w<sup>th</sup> Chapus

well  
Breasts Sometimes proceed from if Lochia not being  
regular and is w<sup>th</sup> a cold return of it with  
if reason of uterine Vessels have a continuation  
w<sup>th</sup> mammary ones if former being collapsed. —

pellent may be used if there is no fever such as Diach:  
s: Sol: in Spt Lin: Aet: Spt X: or Spt V: Aet: ol: Sin: f:

by  
follow  
coll: Emollins should be used if there is any fever such as  
Sol: Emoll: Catapl: Emoll:



Infant is either washed with little milk warm water  
and either Symplicabb: or pills: Symplicabb:  
pro re nata or R. 3b — to omit up if it is  
called Maconium.

Milk By nature it seems to be ordered a proper Diet  
at i. for it will purge as really it ought. —  
for we see all Animals take it in.

Apthæ R. Ol. Amygd: d: mil. roseo. p. q: —

Gums  
or Teeth  
Cutting not to be Done till they protuberate —

Miscarriage  
if before  
tender not to Deliver till of 6th month supposing a  
flooding though if violent Abortion may be  
done at 5th month. —

Inversion  
Uteri is when of Fundus is down and entirely in  
vagina —

Prolap-  
sis is Down of os Tineæ and neck is fallen down

Cure Balsamic string<sup>th</sup> but nothing safer than  
Child bearing w<sup>th</sup> keeps em up —



# Lect: 6<sup>th</sup>

W<sup>h</sup>ouse  
Foreeps  
Fillet or  
hand -

The Foreeps are used w<sup>h</sup> the Child is come  
down into y<sup>e</sup> Pelvis either w<sup>th</sup> y<sup>e</sup> face up or down  
or sideways i<sup>t</sup> Anoint y<sup>e</sup> Parts and push by  
degrees w<sup>th</sup> fingers up y<sup>e</sup> sides to Dilate y<sup>e</sup> Passages  
then fix w<sup>th</sup> y<sup>e</sup> fingers y<sup>e</sup> male Foreeps over y<sup>e</sup>  
for always then y<sup>e</sup> female and draw from side  
to side w<sup>th</sup> points toward y<sup>e</sup> navel end y<sup>e</sup> handles  
bow y<sup>e</sup> Curves y<sup>e</sup> self perpendicular.

Fore  
Side ways

Always fix y<sup>e</sup> Foreeps on each side of y<sup>e</sup> Temples  
or ears better so in this position draw up and  
downwards.

Cochet  
so

w<sup>h</sup> y<sup>e</sup> head stays put y<sup>e</sup> Crochet and y<sup>e</sup> Chin  
W<sup>h</sup> you turn y<sup>e</sup> Child or use the above Instr: set  
y<sup>e</sup> w<sup>h</sup> side Edge of y<sup>e</sup> Pelvis as to be cut for y<sup>e</sup> Stone her  
knees supported by 2 w<sup>h</sup> and her head steady  
by one more.

Fillet

Quito the joints

# Lect 7<sup>th</sup> Labours Inaternal

Crown or  
Back part  
off 5<sup>th</sup>

If these sh<sup>d</sup> present wait for strong pain  
if not use of forceps

Breach

If you can't push it up bring it forward w<sup>th</sup> of  
legs to of belly and w<sup>th</sup> it is half come out if it  
is w<sup>th</sup> its face up: turn it one round and sq<sup>d</sup>:

is to turn  
one round  
and sq<sup>d</sup> -

w<sup>th</sup> will make one turn round for of head. —  
then draw down of arms if they will not come with  
of head. but before you turn as above bring  
out of legs w<sup>th</sup> will bend w<sup>th</sup> their hams back<sup>d</sup> &  
being young: — then draw on one side of other  
and put of finger into its mouth, which is natural —

Lect: 8

Two  
Circum  
stances of  
immediat<sup>e</sup>  
Delivery  
1<sup>st</sup>

There are w<sup>th</sup> you must Deliver that is a violent  
flooding 2<sup>nd</sup> an ill posture

Always in these floodings of Child if not immediately  
Delivered because of Placenta is loose.

In order to relieve push in of fingers then of  
whole hand up to of elbow or to of Tundus  
w<sup>th</sup> is of rule. So if of membranes are not broke  
then do it and bring of Child by of feet at some  
time. —



The Side-Openings of the Os Uteri.  
Several Cautions and Remarks.

*which Pains be true and sound  
curious Instructions when Labour  
is suspected.*

L E C T U R E IV.

Of the Child's Situation in the Womb during the different Times of Pregnancy.

To know by the Touch, both before and after the Membranes are broke, what Part of the Child's Head presents to the Os *Tinæ*: Whether the Face is turn'd to the Mother's Back, Belly, or Side; also when the Face, Ear, or Forehead presents.

The Touches of the Shoulder, Back, Belly, Knees, Breech, Elbows, Hands and Feet.

L E C T U R E V.

The Method of managing Women during their being with Child, and also in time of Labour.

To know the false from the true Pains, and how to carry off the First, and bring on the Last.

Each Pupil on a Machine delivers a Child coming in the natural Way, inclosed in the *Uterus*, and surrounded with its Membranes and Waters.

The Method of tying the Navel-String, after which they bring the *Placenta*, either as it is more or less difficult to fetch, by its being loose, or adhering, or close kept by the Contractions of the *Fundus Uteri*.

The Way of ordering a lying-in Woman and Child after the Delivery.

*and is to deliver all upon a miscarriage -*

L E C T U R E VI.

The Method of Assisting with the Hand, Forceps, or Fillet, when the Child's Head, though it presents fair, sticks too long in the Passage; occasioned either from the Rigidity

Rigidity of the external Parts, or from the Danger that both Mother and Child may be in from a violent Flooding, real Weakness, or other Accidents that carry off the necessary Pains.

## LECTURE VII.

The Division of Preternatural Labours into three different Classes.

The First: How to deliver a Child when the Feet or *Anus* presents, with the Child's Face turn'd towards the Mother's Back, Belly, or Side.

Some new and curious Remarks on these Deliveries, found out by seeing the Inside of the *Uterus* in time of these Operations.

## LECTURE VIII.

The Second Class of Preternatural Labours: How to deliver a Child before the Membranes are broke; there being an absolute Necessity to perform that Operation as soon as possible, from the following Circumstances;

A violent Flooding coming suddenly;

From being certain that the Child is not right turn'd.

Some Remarks and Histories. *as knowing if right hand from left*

## LECTURE IX.

The Third: How to deliver a Child after the Membranes are broke, and the Waters all gone.

When the Head does not present fair.

When the Child lies across, but presents with the Foreparts to the *Os Tincæ*, Mother's Back, or Side.

The Feet, Hands, or Navel-String presenting.

## LECTURE



L ~~\_\_\_\_\_~~ <sup>th</sup>

So to  
right  
and to  
left

If you lay your hand upon of Childs hand  
and it be in of some position and your thumb  
be upon its side of contrary to your Contrain  
outward

## Lect 9<sup>th</sup>

Waters  
gone

Supposing if Waters gone if Childs head not  
fair, strike on of or Dabie or legs too high  
for of forceps. tis of best practice to turn  
it with hand and arm up and deliver  
it by of feet.

## Lect. 10<sup>th</sup>

As tis in Difficult Cases of practice to  
Deliver by of feet. So is tis in such bad  
postures that you cant easily deliver or  
burn it use of noose w<sup>ch</sup> is of better or Taper  
in which postures as follows.

Noose  
too high

The Sides  
w<sup>th</sup> the Noses  
is used

Suppose if Childs Neck is toward y<sup>e</sup> os  
Tines or mothers Back either up or down  
or across of uterine w<sup>th</sup> you fully of Touch  
if at y<sup>e</sup> some time a hand should come down  
you need not push it up for in turning it will  
draw up pres<sup>ent</sup> y<sup>e</sup> hand in order to feel for y<sup>e</sup> feet  
endeavour to find both if not easily come at  
find one pull it and it dont easily come out  
or Child turn you bring that leg down as low  
as possible and fix your noose and push y<sup>e</sup>  
Child w<sup>th</sup> one hand as you draw by y<sup>e</sup> Ligature  
it y<sup>e</sup> some time, so by that means it will turn  
then seek for y<sup>e</sup> other foot if not easily found  
yet bring that as far as you can easily -  
suppose to y<sup>e</sup> breech. then you'll find y<sup>e</sup>  
other w<sup>th</sup> draw out.

W<sup>th</sup> you use and pull by y<sup>e</sup> noose remember  
always to turn y<sup>e</sup> Child <sup>round</sup> that side y<sup>e</sup> noose  
is fixed or toward it; pushing at y<sup>e</sup>  
some time a little up.



## Lect: 11<sup>th</sup> —

W. is a  
Monster

It is w<sup>th</sup> one Ovary is impregnated  
w<sup>th</sup> 2 Imprios and they ad here in uterus

Hydrocephalus —

It is properly a monstrous head in  
which you are to open of head and  
forate w<sup>th</sup> of Sutures and open of Bone  
to Dilate of Orifice, then squeeze out  
of Brain w<sup>th</sup> of Crutchet and fix it for  
extraction in of ear Orbit or os Sphenoid  
and introduce of finger on one side while  
you draw w<sup>th</sup> of Crutchet

Examination  
turbation

I never practised but in a distorted skull  
and w<sup>th</sup> it went down the hand. 2 Instones  
in case where it succeeded.

Twins  
w<sup>th</sup> 2 legs  
Portals

is formed on either side of head where tapping is

There is no foretelling for they form a  
round as one, as may be compared to a point  
channel in one shell they have 2 flat sides  
but outside more round.

one  
Placenta they have thought  
very  
Dillon  
it has been known 2

They generally come one after the other  
So if 2<sup>nd</sup> is to be brought by it self with  
your hands unless you wait for fresh  
pains. — —

## Lect. 12<sup>th</sup>

Signs  
of Dead  
Child are

Fetid Smell, purulent matter of falling  
off Child from one side to another like a  
lump. Less as if mother turns, no Pulse  
in it. Cold nor warmth in its mouth &c.

After left  
Behind

If Delivery has been so bad as to leave  
it behind you are to introduce your  
Fingers under it. Chin and your other  
hand thumb in its mouth and fingers and  
it I do so extract.



Net

This is turn over of head as if Cap over a  
Stamp but this is rejected because the  
head sometimes turns round and won't  
come out off of page.

Finis

Memorandum when you are sent  
for before you proceed.

Imp<sup>d</sup>. Send into of Room to acquaint of Patient  
with of coming in. lest she be too much surpris'd.

Early Call of Midwife to advise and ask how long she  
has been pregnant, and how she was taken ill, at first  
how of pains proceed, <sup>whether of Child</sup> how of Child lies, and whether she has  
pulls at <sup>which most</sup> <sup>is</sup> important to you to ask that you  
may not be blam'd, if of Delivery should not succeed well  
whether of Waters have tribbled or not, <sup>which</sup> would hinder  
Delivery, whether she has had a Child before born alive  
whether it be now alive. How long in Labour.  
Whether old. Whether of since be dilated.

*[Faint, illegible handwriting on lined paper, possibly bleed-through from the reverse side.]*

m



Memento R. Pomatum L.L.

R. Sal: vol: ol: 3/4,

R. Pulap: Cord: 3/4 in confit: Alkerm: >

R. Sp: L.L. 3/4,

Forops, Cokhet, Suthers,

This syllabus with explanation





## LECTURE X.

The Delivery when the Back of the Child is turn'd towards the *Os Tincæ* or Mother's Back, either lying up and down, or cross the *Uterus*.

When the Face presents with the Chin turn'd towards the *Os Pubis*, *Ischium*, or *Coccyx*.

The Method of Assisting with a Noose in those difficult Cases.

The Management of both Mother and Child after such severe Deliveries.

## LECTURE XI.

The delivering Twins, whether they come right or wrong, and the fetching their *Placentas*.

Of Monsters, with the Methods of delivering them, according to their different Adhesions or Bulk.

When the Head is too large to pass the *Pelvis*, or when the *Pelvis* is distorted and too narrow.

Of the *Cæsarean* Operation.

## LECTURE XII.

The Signs of a Child's being dead when in the *Uterus*.

How to deliver the Head, when separated from the Body, and left in the Womb; either with the Net, Hand, or Crotchet.

A Recapitulation of the Heads of the former Lectures.



AN EXPLICATION of the

TERMS of ART

Used in this SYLLABUS.

**A** Bdomen, The Belly.

Abortion, A Miscarriage.

Amnios, The inner Membrane that with the Chorion surrounds the Waters and Child.

Anus, The Fundament.

Chorion, The Membrane that surrounds the Amnios.

Coccyx, The Rump-Bone.

Embryo, The Child from Conception to the third Month.

Fallopian Tubes, The Canals that go from the Womb to the Ovary, call'd the Trumpets.

Fetus, The Child from the third to the ninth Month.

Funis Umbilicalis, The Navel-String.

Ilium, The Haunch-Bone.

Iscium, The Hip-Bone.

Ligamenta lata rotunda, The broad and round Ligaments.

Meatus Urinarius, The Passage for the Urine.

Os inominatum.

Os sacrum, The Bone that forms the back Part of the Pelvis.

Os Tineæ or Uteri, The external Mouth of the Womb.

Ova, The Eggs.

Ovarium, The Ovary.

Pelvis, The Basin.

Placenta, The After-birth or Cake.

Pregnancy, Being with Child.

Pubis, The Share-Bone.

Rectum, The Straight Gut.

Uterus, The Womb.

Vagina, The Sheath, or Entry to the Womb.

F I N I S.



